



SURFSIDE POLICE DEPARTMENT
Office of the Chief

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

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David Allen
Chief of Police

ATTENTION ALL APPLICANTS

Please be sure to include **ALL** of the following information with your application:

Copy of state certificate and exam results (police officers)

Copy of birth certificate or citizenship naturalization

Copy of high school diploma and college degree (if applicable)

Copy of current driver's license

Copy of automobile registration and insurance card

Copy of social security card

Copy of all marriage license(s) / divorce decrees(s)

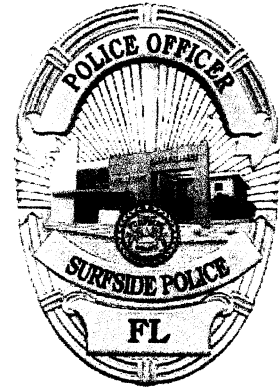
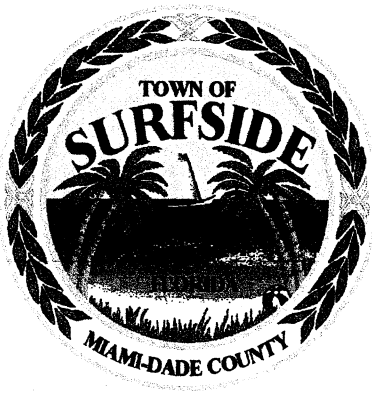
Copy of all training certificate

Copy of most recent F.B.A.T. test results/agility results (if applicable)

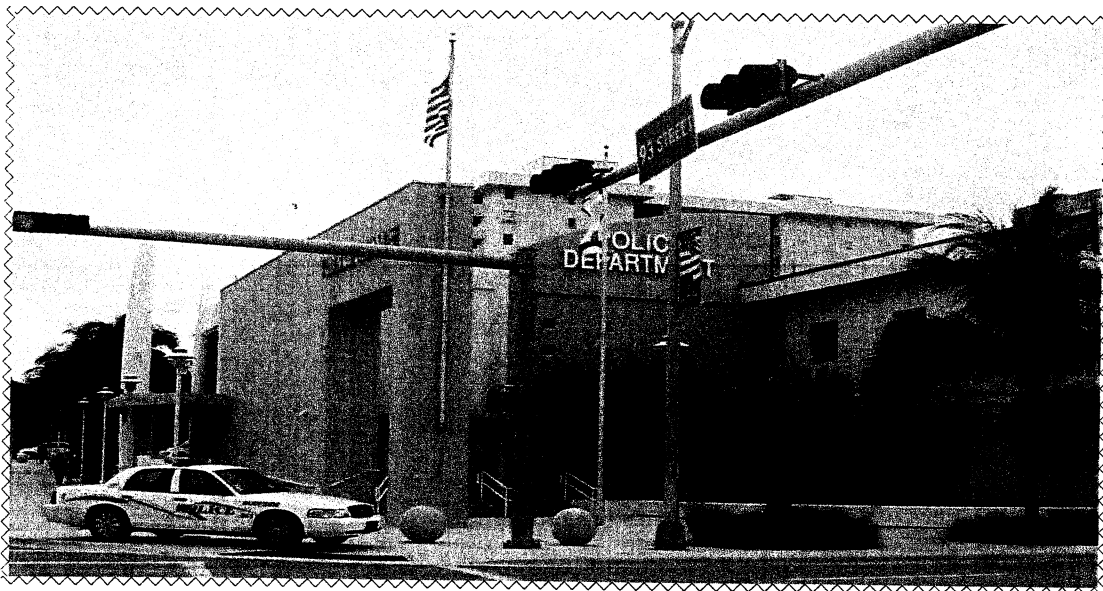
One (1) passport photo

The name, address and telephone numbers of three separate employment references. If you have not had at least three previous employers you may substitute with character references. Please use a separate sheet of paper.

This information is required in order to process your application.



SURFSIDE POLICE DEPARTMENT



PERSONAL HISTORY QUESTIONNAIRE

GENERAL INFORMATION AND INSTRUCTIONS

The Town of Surfside is an Equal Opportunity Employer and does not discriminate on the basis of age, sex, citizenship, impending citizenship, color, disability, marital status, national origin, race, religion, or sexual orientation. No person shall be denied employment solely on the basis of his or her disability, and the City will make every reasonable effort to accommodate such disability in the work setting. The above information may be used, however, as identification factors in conducting the background investigation.

The information and records, such as those listed in the "AUTHORIZATION AND RELEASE" form will be obtained by letter, telephone, personal interview with primary and secondary sources, and other means as deemed necessary and appropriate.

The information and records obtained are used as selection criteria with regard to performance of the job for which the individual has applied and is being considered. Military records and type of discharge are also used for verification of eligibility for applicants who have claimed and been granted Veteran's Preference under Florida Statutes 295.

NOTICE

Please read and follow these instructions exactly. Your ability to follow directions and complete the document accurately will be evaluated and used as one of the criteria for employment decisions. The document, when completed, will be used by the Town of Surfside as an investigative aid.

INSTRUCTIONS

THIS DOCUMENT MUST BE COMPLETED BY YOU, THE APPLICANT; PRINT LEGIBLY AND CLEARLY IN BLACK INK ONLY!

EVERY QUESTION HAS A PURPOSE. ANSWER EACH AND EVERY QUESTION ACCURATELY AND COMPLETELY, EVEN IF YOU FEEL IT IS NOT IMPORTANT. IF A QUESTION DOES NOT APPLY TO YOU, ANSWER "N/A."

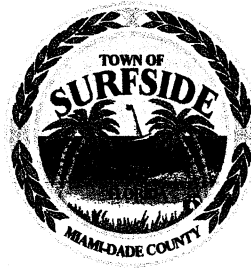
IF THE SPACE AVAILABLE IS INSUFFICIENT TO ANSWER A QUESTION, USE THE SUPPLIED SHEET(S) OF LINED 8 ½" X 11" PAPER AT THE BACK OF THE BOOKLET. BE SURE TO NUMBER EACH ANSWER TO CORRESPOND TO THE SECTION, PAGE AND LINE NUMBER. (DO NOT REMOVE THESE SHEETS FROM THE BOOKLET)

I HAVE READ AND I UNDERSTAND ALL OF THE ABOVE STATEMENTS AND INSTRUCTIONS. I ALSO UNDERSTAND THAT I MAY BE ASKED TO TAKE A TRUTH VERIFICATION EXAMINATION REGARDING THE INFORMATION AND DOCUMENTS I HAVE PROVIDED.

PRINT NAME

SIGNATURE

DATE



PERSONAL HISTORY QUESTIONNAIRE

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PERSONAL HISTORY QUESTIONNAIRE

PUBLIC SAFETY CLASSIFICATION

TOWN OF SURFSIDE

MIAMI-DADE COUNTY, FLORIDA

CLASSIFICATION APPLIED FOR: _____

NAME

LAST: _____ FIRST: _____ MIDDLE: _____

STREET ADDRESS: _____ APT. NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE: () _____ - _____; BUS TELEPHONE: () _____ - _____

FAX: () _____ - _____; MOBILE: () _____ - _____

EMAIL ADDRESS/WEB PAGE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

DATE OF BIRTH: _____ / _____ / _____
MONTH DAY YEAR AGE

PHOTO

Note: Only color passport style
photos taken within the last six
(6) months will be accepted

PERSONAL HISTORY

1.

LAST NAME	FIRST NAME	MIDDLE NAME
-----------	------------	-------------

2. MALE ☐ FEMALE ☐ (check one)

3.

Alias (es), Nicknames, Maiden Name, or other changes in name. (Include official documents concerning any name changes)

4. Race and/or nationality or both. Check appropriate box or boxes.

White (Non-Hispanic) <input type="checkbox"/>	Asian/Pacific Islander <input type="checkbox"/>	Hispanic <input type="checkbox"/>
Black <input type="checkbox"/>	American Indian/Alaskan Native <input type="checkbox"/>	Other <input type="checkbox"/>

5. U.S. Citizen Yes ☐ No ☐ Native Yes ☐ No ☐
 If No:

Country of Citizenship	Naturalized Certificate No. Or Alien Registration No.	If derived, parent Certificate No.	Date, Place Court

6.

Height	Weight	Color of Eyes	Color of Hair	Scars, tattoos and/or distinguishing marks
--------	--------	---------------	---------------	--

- 6a. Hat size Shirt size Pant size x Shoe size

7.

Date of Birth (Month, Day, Year)	Place of Birth (City, County, State and Country)
-------------------------------------	---

8.

Present Residence Address	Street or RFD	City or Post Office	State	Zip Code
---------------------------	---------------	---------------------	-------	----------

9.

With whom do you reside?

10. Marital Status:

Single <input type="checkbox"/>	Married <input type="checkbox"/>	Engaged <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
---------------------------------	----------------------------------	----------------------------------	------------------------------------	-----------------------------------	----------------------------------

11. If married, are you living with your spouse? Yes ☐ No ☐
 If not, state reasons:

12. Include the original or a certified copy of your marriage certificate, separation petition and/ or divorce decree. (If applicable)

PERSONAL HISTORY

13. Information concerning all marriages (List all marriages):

Date married	City / State	Spouse's / Wife's Maiden Name	Date of Birth	Social Security Number

14. Name and address of former spouse(s) if divorced or separated.

Name	Address (Street, City, State)	Phone No. (Area Code)

15. If ever separated, annulled or divorced, indicate below the following information.

Separated, Annulled or Divorced	Petitioner or Respondent	Date of Order or Decree

16. List all of your children, stepchildren, and adopted children and give the following information.

Name	Birth Date	Birth Place	Address	Living with

17. Are you now supporting all children born to you, adopted by you, and stepchildren? Yes _____ No _____
If not, give details.

PERSONAL HISTORY

- 18. Other dependents.** If you claim income tax exemptions for support of dependents other than your spouse and children, provide the following information.

Provide the following information:			
Name	Address	Relationship	Percentage of Support

19. FAMILY

List in the order given, showing relationship, parents, guardians, stepparents, parents-in-law, brothers and sisters, even though deceased. Include all others you have resided with or with whom a close relationship existed or exists (life partners and/or roommates).

Partners and/or Roommates:					
RELATIONSHIP	NAME	PRESENT ADDRESS (if living)	PHONE	BIRTH DATE	OCCUPATION
FATHER					
MOTHER (Maiden Name)					

- 20. LIST ALL RESIDENCES FOR THE PAST TEN (10) YEARS, BEGINNING WITH YOUR PRESENT ADDRESS. LIST THE NAME, ADDRESS, AND PHONE NUMBER OF PRESENT AND PRIOR LANDLORDS, IF APPLICABLE.**
(Use additional pages at end of this section, if necessary, "DO NOT "remove from booklet)

From: _____ **Month/Year** **To:** _____ **Month/Year** **Own:** _____ **Rent** _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Landlord's Name: _____ **Phone Number:** _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

PERSONAL HISTORY

From: Month/Year To: Month/Year Own: Rent
Street Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Landlord's Name: _____ Phone Number: _____

Street Address: _____
City: _____ State: _____ Zip Code: _____

From: Month/Year To: Month/Year Own: Rent
Street Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Landlord's Name: _____ Phone Number: _____

Street Address: _____
City: _____ State: _____ Zip Code: _____

From: Month/Year To: Month/Year Own: Rent
Street Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Landlord's Name: _____ Phone Number: _____

Street Address: _____
City: _____ State: _____ Zip Code: _____

PERSONAL HISTORY

From: Month/Year **To:** Month/Year **Own:** **Rent:**

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip Code:** _____

Landlord's Name: _____ **Phone Number:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

From: Month/Year **To:** Month/Year **Own:** **Rent:**

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip Code:** _____

Landlord's Name: _____ **Phone Number:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

From: Month/Year **To:** Month/Year **Own:** **Rent:**

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip Code:** _____

Landlord's Name: _____ **Phone Number:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

PERSONAL HISTORY

21. CHARACTER REFERENCES LIST - Eight (8) Character References.

(DO NOT INCLUDE relatives, former employers, or persons living outside the United States or its Territories). List only character references who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat the names of supervisors.

NAME OF CHARACTER REFERENCE	Years Known	ADDRESS (Street, City State, Zip	PHONE NUMBER	
			BUSINESS	RESIDENCE

22. Are you acquainted with any members of the Surfside Police Department? Yes ___ No ___ If so, whom?

23. Past and/or present membership in organizations

Name, Address and Phone No.:	TYPE (Social, Fraternal, Unions, Professional, Academic, etc.)	Office or Position Held	MEMBERSHIP	
			From	To

PERSONAL HISTORY

24. Have you ever been a member, follower, or supporter of a Street Gang?

If yes:

Dates of membership. From: _____ To: _____

Gang Name: _____

City: _____ State: _____

25. SUBVERSIVE ORGANIZATIONS

Are you now or have you ever been a member of any group 1) whose goal is to deny other persons their rights under the Constitution of the United States, or 2) which seeks to alter the form of government of the United States or any other country by unconstitutional means? Yes ___ No ___. If yes, explain in detail.

EDUCATIONAL HISTORY

26. List all elementary, junior high, and high schools attended.

NAME of SCHOOL	LOCATION	DATES ATTENDED		YEARS COMPLETED	GRADUATED	
		From	To		YES	NO

27. Higher education. List information below for all colleges or universities attended.

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED		CREDIT HOURS		DEGREE RECEIVED	YEAR RECEIVED
	FROM	TO	SEM	QTR		

28. College Major and Minor Courses:

Major (include course description)	Minor (include course description)

EDUCATIONAL HISTORY

29. Other schools or training (trade, vocational, business, or military). Give for each, the name, location of school, dates attended, subjects studied, certificate, and any other pertinent data.

DATES FROM TO		NAME OF SCHOOL AND LOCATION	COURSES STUDIED	CERTIFICATE YES NO

30. Were you ever expelled or suspended from ANY SCHOOL, COLLEGE, UNIVERSITY or has any school official ever disciplined you?

Yes ___ No ___ if yes, give particulars.

31. FOREIGN LANGUAGES: Enter foreign language and indicate your knowledge of each by placing an "X" in the proper column.

	READING			SPEAKING			UNDERSTANDING			WRITING		
LANGUAGE	FAIR	GOOD	EXC	FAIR	GOOD	EXC	FAIR	GOOD	EXC	FAIR	GOOD	EXC

EDUCATIONAL HISTORY

32. SPECIAL QUALIFICATIONS AND SKILLS (Relating to the position for which you applied):

List any special licenses (exclude vehicle operator's license) or certifications showing licensing authority, where license was issued and date of expiration (include original copy):

33. Indicate special skills that you possess and machines and equipment that you can use. For example, short wave radio, personal and/or laptop computer, fax machine, copier, key punch, transcribing machine, polygraph instrument, CVSA, or other scientific/professional devices:

34. Indicate special qualifications not covered in application. For example, your most important publication (do not submit copies unless requested), your patents or inventions, public speaking and publications experience, membership in professional or scientific societies, honors and fellowships received, etc.:

EMPLOYMENT HISTORY

35. What has been your primary occupation?

36. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?

Yes ___ No ___ If yes, give details of position and responsibilities.

37. Were you ever Discharged, Terminated, Fired, or have you ever resigned in lieu of being fired from a full-time, part-time or a voluntary job for any reason?

Yes ___ No ___

If yes, explain, giving name and address of employer, approximate date and reasons in each case:

38. Have you ever received a suspension, reprimand, counseling (oral or written), unsatisfactory job evaluation, or any other disciplinary action from an employer or supervisor? If yes, give details:

39. Do you object to wearing a uniform?

Yes ___ No ___

EMPLOYMENT HISTORY

40. Do you object to working nights? Yes ____ No ____

41. Have you ever had experience with shift work? Yes ____ No ____

42. List all the jobs you have had in the past TEN (10) years. **PLACE YOUR PRESENT OR MOST RECENT JOB FIRST.** If you need more space, use additional sheet (s) at end of booklet (do not remove from booklet). Include military service and also periods of unemployment, time spent in school/college in the proper sequence. List all full-time, part-time, temporary, seasonal, voluntary, and self employment jobs. If you were self-employed, provide copies of tax returns for that particular period.

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes ____ No ____

START DATE	NAME OF EMPLOYER	PART TIME ____ FULL TIME ____ VOLUNTARY ____	JOB TITLE
ENDING DATE	STREET ADDRESS	PHONE NO. (Area Code)	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE ZIP CODE	FAX NO. (Area Code)	NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?	SHIFT/HRS./DAYS OFF	NAME OF CO-WORKER

START DATE	NAME OF EMPLOYER	PART TIME ____ FULL TIME ____ VOLUNTARY ____	JOB TITLE
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EMPLOYMENT HISTORY

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ENDING DATE	STREET ADDRESS	PHONE NO. (Area Code)	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE ZIP CODE	FAX NO. (Area Code)	NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?	SHIFT/HRS./DAYS OFF	NAME OF CO-WORKER

EMPLOYMENT HISTORY

43. List below EVERY civil service examination you have taken. If none, state none.

AGENCY (City & State)	Approx. Date of Exam	Position Applied for	Position on List	Present Status

44. Are you now on any eligibility list? Yes ___ No ___ If yes, give details below. _____

45. If you were ever placed on an eligibility list and were not hired, state why:

46. Have you previously submitted an application for employment with the Town of Surfside? Yes ___ No ___
If yes, approximate dates:

____/____/____ ____/____/____ ____/____/____

EMPLOYMENT HISTORY

47. Have you previously submitted an application for any other Law Enforcement or Corrections Agency? Yes ___ No ___

APPROXIMATE DATE	NAME OF AGENCY

48. Were you ever rejected for any Law Enforcement or Corrections (sworn and non-sworn) position? Yes ___ No ___
If yes, state reason why?

AGENCY	DATES (FROM / TO)	REASON

EMPLOYMENT HISTORY

49. Have you ever worked for any Law Enforcement, Corrections, or other Criminal Justice Agency, in any capacity, whether paid or voluntary? Yes ___ No ___ If yes, give details:

APPROXIMATE DATE	NAME OF AGENCY

50. Public Assistance:

Have you ever received Federal, State or local benefits or assistance?

Yes ___ No ___ If yes, give details:

TYPE OF ASSISTANCE	LOCAL OFFICE	ADDRESS	HOW LONG?

MILITARY HISTORY

51. Have you ever served in the Armed Services of the United States? (Active or Inactive, including Coast Guard, Reserves, or ROTC) Yes ___ No ___

Branch of Service _____ Company _____ Regiment _____

Division _____ Ship _____

52. Have you ever unsuccessfully applied for service in any branch of the Armed Forces of the United States, or any other country, whether that application was withdrawn, rejected or otherwise denied (including Reserves, ROTC or, contracted work)? Yes ___ No ___ If yes, give details.

53. Highest rank held? _____ What is or was your service number? _____ - _____ - _____

54. How many periods of active military service have you had?

55. List all the medals and decorations awarded to you as a member of the Armed Forces.

56. What type of discharge do you have? (As listed on your DD214) BE EXACT:

Honorable _____ Dishonorable _____ General _____ Honorable Conditions _____

Other (Please specify):

57. Entrance to Active Duty:

Date: ____/____/____ Location _____

Date: ____/____/____ Location _____

58. Discharge from Active Duty:

Date: ____/____/____ Location _____

Date: ____/____/____ Location _____

MILITARY HISTORY

59. Give period or period(s) of active military service:

From _____ To _____ Location _____

From _____ To _____ Location _____

60. Were you or have you ever been court-martialed, tried on charges, or were the subject of a summary court, deck court, captain's mast, Article 15, forfeiture of pay, demotion, or company punishment, or any other disciplinary action while a member of the Armed Forces?

Yes ____ No ____ If yes, explain below:

61. List any other disciplinary action, (civil or military) not listed above, taken against you while a member in any branch of the Armed Forces.

62. List any other information pertaining to military service not requested above.

DRIVER'S LICENSE HISTORY

63. Can you operate a motor vehicle? Yes ___ No ___

64. Do you now or did you ever possess a driver's license from the State of Florida? Yes ___ No ___

Driver's license number _____ State _____ Date issued _____

Restrictions _____ Expiration date _____

Endorsements _____

65. Have you ever been issued a driver's license by any state other than Florida? Yes ___ No ___

If yes, provide the following information:

Driver's license number _____ State _____ Date issued _____

Restrictions _____ Expiration date _____

Endorsements _____

66. Has your license ever been suspended or revoked in any state? Yes ___ No ___

If yes, list date and reason:

67. Have you ever been refused a driver's license by any state? Yes ___ No ___

If yes, give details:

68. Has your driver's license ever been restricted due to traffic offense convictions or placed on negligent operator's probation in any state? Yes ___ No ___

If yes give details:

DRIVER'S LICENSE HISTORY

69. While operating a motor vehicle, water craft, airplane, or boats have you ever been involved in an accident?
Yes ___ No ___ If yes, give complete details for each accident whether collision, non-collision, or hit and run.

Date ___/___/___ Accident report completed? Yes ___ No ___ Police Case # _____

Location: _____

Cause of Accident (for example, ran red light, careless driving, etc.) _____

Injury _____ or non-injury _____ Who was charged with the accident and court disposition?

Date ___/___/___ Accident report completed? Yes ___ No ___ Police Case # _____

Location: _____

Cause of Accident (for example, ran red light, careless driving, etc.) _____

Injury _____ or non-injury _____ Who was charged with the accident and court disposition?

Date ___/___/___ Accident report completed? Yes ___ No ___ Police Case # _____

Location: _____

Cause of Accident (for example, ran red light, careless driving, etc.) _____

Injury _____ or non-injury _____ Who was charged with the accident and court disposition?

DRIVER'S LICENSE HISTORY

70. List below each and every moving and non-moving violation you have received within the past seven (7) years. Include citations which were dismissed, or for which you were found or pleaded not guilty or nolo contendere, regardless of suspension of sentence or withholding of adjudication. Include boating citations, Fish and Game citations, parking tickets, Code violations or civil citations from any military, Federal, State, or Local governmental agency.

LOCATION (Street, City, State)	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

71. List all vehicles that you currently own or operate:

YEAR	MAKE	MODEL	COLOR	TAG NUMBER	OWNER

72. **MOTOR VEHICLE INSURANCE**

Do you presently have automobile insurance? Yes ___ No ___ If no, explain:

DRIVER'S LICENSE HISTORY

73. If you presently have automobile insurance, list the following information:

Name of Company	Policy Number	Name of Agent	Address	Telephone Number

74. List the dates of coverage. FROM: _____ TO: _____

75. List your present coverage (PIP, liability, comprehensive, etc.):

76. If you have been insured by this company for less than three years, list the previous insurance company:

Name of Company	Policy Number	Name of Agent	Address	Telephone Number

77. List the dates of coverage: From: _____ To: _____

78. Have you ever had your automobile insurance withdrawn or revoked or have you ever been refused automobile insurance?

Yes ____ No ____ If yes, give details:

FINANCIAL HISTORY

79. Is your life insured? Yes ___ No ___ Name of Company: _____

80. Do you have a savings account? Yes ___ No ___

Account number _____ Amount: _____

Name of Bank _____ City and State: _____

81. Do you have a checking account? Yes ___ No ___

Account number _____ Amount: _____

Name of Bank _____ City and State: _____

82. Do you have any investments? (Include all stocks, bonds, etc.) Yes ___ No ___

Amount invested _____ Company _____ City and State: _____

83. Do you own or are you buying a house? Yes ___ No ___

Amount invested _____ Company _____ City and State: _____

Present mortgage balance _____ Monthly mortgage payments _____

Insurance Company _____ Coverage: _____

84. Do you own or are you buying other real estate? Yes ___ No ___

Type of real estate _____ Amount invested _____

85. Do you own, lease, or are you buying a vehicle? Yes ___ No ___

Amount invested _____ Amount owed _____ Monthly payments _____

Bank or company _____ City/State _____

FINANCIAL HISTORY

86. What income other than salary do you have at the present time? _____

87. List occupation and salary of your spouse and/or life partner:

88. List ALL credit cards and loans. List all firms from which you have borrowed money for any purpose.

Name of Firm: _____

Type of business: _____

City, State: _____

Date closed: _____

Original Amount Owed: _____

Purpose: _____

Name of Firm: _____

Type of business: _____

City, State: _____

Date closed: _____

Original Amount Owed: _____

Purpose: _____

Name of Firm: _____

Type of business: _____

City, State: _____

Date closed: _____

Original Amount Owed: _____

Purpose: _____

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City, State: _____

Date closed: _____

Original Amount Owed: _____

Purpose: _____

FINANCIAL HISTORY

Name of Firm: _____

Type of business: _____

City, State: _____

Date closed: _____

Original Amount Owed: _____

Purpose: _____

Name of Firm: _____

Type of business: _____

City, State: _____

Date closed: _____

Original Amount Owed: _____

Purpose: _____

Name of Firm: _____

Type of business: _____

City, State: _____

Date closed: _____

Original Amount Owed: _____

Purpose: _____

89. What is your total indebtedness at the present time? _____

90. Have you ever filed bankruptcy? Yes ___ No ___ If yes, give details. _____

FINANCIAL HISTORY

91. Are you planning to file bankruptcy? Yes _____ No _____ If yes, give details. _____

92. Have you ever had a judgment filed against you? Yes: _____ No: _____ If yes, give details. _____

93. Have you ever had accounts placed in the hands of a collection agency? Yes ____ No ____ If yes, give details. _____

94. Have you ever had any credit accounts charged off by a creditor? Yes _____ No ____ If yes, give details. _____

CRIMINAL, DRUG and CIVIL HISTORY

95. **ARREST, DETENTION, AND LITIGATION.** Some convictions are not an automatic disqualification to appointment. The circumstances surrounding the conviction are considered, such as the nature, number, severity, subsequent work history, efforts at rehabilitation, date of offense, and relation of the offense to the requirements of the position for which you have applied.

List all instances you were arrested or detained by ANY Law Enforcement Agency. List ALL arrests and detentions, including (1) traffic arrests; (2) offenses to which you pleaded nolo contendere after July 1, 1981, regardless of suspension of sentence or withholding of adjudication; (3) those adjudicated in a juvenile court; (4) Boating Offenses; (5) Fishing Violations; and (6) any Promise to Appear. (Provide a copy of police and court records. Include any arrests in which records were expunged or sealed and submit all court documentation.)

Crime charged _____ Police Agency _____

Date _____ Disposition of case _____

Crime charged _____ Police Agency _____

Date _____ Disposition of case _____

Crime charged _____ Police Agency _____

Date _____ Disposition of case _____

96. Have you ever been placed on probation, parole, house arrest, or any other criminal justice diversionary program?

Yes ___ No ___ If yes, give details. _____

CRIMINAL, DRUG and CIVIL HISTORY

97. Have you ever been required to pay a fine other than a traffic citation or a parking citation? Yes ___ No ___ If yes, give details.

98. If you have been fingerprinted by a law enforcement agency, for any reason, give details below.

Agency _____ Date _____ Purpose _____

Agency _____ Date _____ Purpose _____

Agency _____ Date _____ Purpose _____

Agency _____ Date _____ Purpose _____

99. Have you ever been advised of your Miranda Rights? Yes ___ No ___ If yes, give complete details.

100. Have you ever been the subject of a police investigation? (i.e.: Detained or Questioned by any Law Enforcement Officer) Yes ___ No ___ If yes, give details, including name of police department and dates.

101. Have you ever had a polygraph or voice stress analysis examination? Yes ___ No ___ If yes, list date, examiners name, location and purpose of the examination.

CRIMINAL, DRUG and CIVIL HISTORY

102. Has any member of your immediate family ever been arrested or convicted of a criminal offense?
Yes ___ No ___ If yes, give complete details:

NAME	RELATIONSHIP	OFFENSE	WHERE ARRESTED	DATE

103. Have you or any member(s) of your immediate family ever been a victim of crime? Yes ___ No ___ If yes, give particulars.

104. Have you or your spouse ever sued or been sued by anyone in civil court (plaintiff/defendant)? Yes ___ No ___
If yes, give details below and provide documents.

105. Have you or your spouse ever been sued by anyone or involved in any arbitration proceedings (civil court defendant)?
Yes ___ No ___ If yes, give details below and provide documents:

106. Have you ever had a domestic violence injunction or any type of restraining order placed against you?
Yes ___ No ___ if yes, give details below and provide documents

CRIMINAL, DRUG and CIVIL HISTORY

107. Have you ever placed a domestic violence injunction or any other type of restraining order against any other person?
Yes ___ No ___ If yes, give details below and provide documents.

108. Have you ever been involved in any type of domestic violence involving your spouse, significant other, or other family member? Yes ___ No ___ If yes, give details:

109. ILLEGAL SUBSTANCES

During your ENTIRE LIFETIME, how many times have you tried, used, or experimented with the following substances?
(THIS IS TO INCLUDE ORAL, INHALATION AND BY INJECTIONS)

SUBSTANCES	NEVER	FIRST TIME	LAST TIME	TOTAL TIMES
AMPHETAMINES				
BARBITURATES				
COCAINE				
HASHISH				
HEROIN				
LSD				
MARIJUANA				
MESCALINE				
METHADONE				
P.C.P.				
PEYOTE (MUSHROOMS)				
QUAALUDES				
STEROIDS				
THC				

CRIMINAL, DRUG and CIVIL HISTORY

- 110. Are there any illegal or controlled substances not listed on the chart that you have tried, experimented with, or used?**
Yes ____ No ____ If yes: (To include but, not limited to another person's prescription)

TYPE OF SUBSTANCE	FIRST TIME USED	LAST TIME USED	TOTAL TIMES USED

- 111. Have you ever inhaled any substance (other than those listed above) for the purpose of intoxication or to "GET HIGH"?**
 Yes _____ No _____ If yes: _____

TYPE OF SUBSTANCE	FIRST TIME USED	LAST TIME USED	TOTAL TIMES USED

- 112. Have you ever bartered, sold, transferred or transported, or arranged or acted as an intermediary for sale or delivery of an illegal or controlled substance to another person? This applies to ALL instances, regardless of whether or not you profited from the transaction or whether you were arrested?**

Yes _____ No _____ If yes, explain each incident in detail:

[illegible]

CRIMINAL, DRUG and CIVIL HISTORY

113. Have you ever possessed any such substance in a quantity greater than might reasonably be construed as intended for experimentation? Yes _____ No _____ If yes, explain each incident IN DETAIL:

114. Have you ever been present during ANY type of sale, transfer, storage, possession or delivery of any controlled or illegal substance (regardless of the amount)? Yes _____ No _____ If yes, explain each such incident IN DETAIL:

AFFIDAVITS and RELEASES

115. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you for the position applied for?

Yes ___ No ___ if yes, give details:

116. Please state your reasons for applying for this position, and explain why you feel you are qualified. (Please print clearly and legibly.)

Surfside Police Department

117. Have you ever been involved in, or have knowledge of, any illegal or criminal activity; regardless of whether or not it was reported to a law enforcement agency? Yes _____ No _____ If yes, please give a detailed explanation:

Signature

Print Name

Date: _____

ATTESTATION AND CONSENT

I, _____, am being considered for employment for the position
of: _____.

I understand that this Personal History Questionnaire (PHQ) is part of my official application for the above position. By signing this document, I hereby certify that all information contained in this PHQ and all documents submitted are true, accurate, and complete to the best of my knowledge and that there is no exaggeration, falsification, misrepresentation, or omission. I also understand that all statements and documents are subject to investigation and that exaggeration, falsification, misrepresentation, omission, or other unfavorable information developed is sufficient cause for disqualification, immediate dismissal from the Town of Surfside service, and/or disqualification from applying for any position in the service of the Town of Surfside.

I consent to submitting to the following background investigation and other selection process which may include medical, urinalysis, mental health evaluation, and or CVSA as stated on the job announcement and fingerprint processing, job interview, polygraph testing and other means as deemed necessary and proper by the Town of Surfside to complete its investigation as to my fitness and suitability for the classification for which I have applied. I thoroughly understand that I must successfully complete the above-mentioned process.

I am seeking employment on the basis that I know of no unfavorable information which will be developed by the Surfside Police Department or other individuals or agencies with the exception of what I have indicated on my application and PHQ and has been explained by me in detail during the hiring process.

I understand that the Town of Surfside will not reimburse any expenses I might incur in seeking this position. I recognize that the time required to process and select employees for this position is lengthy and time consuming. No promises or commitments are expected by me as to a time when a hiring decision and/or actual hiring might take place.

I understand and consent to all of the above statements and conditions.

Signature of Applicant

Date

STATE OF FLORIDA,

COUNTY OF MIAMI-DADE

Subscribed and sworn before me this ____ day of _____, 20 ____

By _____
(Name of Applicant)

Personally Known ____ or ____ Produced Identification
(Check One)

Type of Identification: _____

Notary Public

Notary Public, Print Name

My Commission Expires: _____

AUTHORIZATION AND RELEASE

I _____, hereby CONSENT for any duly authorized representative of the Surfside Police Department bearing this release or a copy thereof to obtain any information or records from persons, corporations, agencies, associations, institutions or organizations as may be relevant and necessary to determine my fitness and suitability for employment with the Town of Surfside for the position of:

Such information and records may include, but are not limited to, those pertaining to abilities, affiliations, character, credit and finances, education, employment, family, insurance, judicial and law enforcement records, lifestyle, medical, memberships, mental health, military, and motor vehicle operation and traffic history.

I hereby AUTHORIZE and direct you to release such information and records upon request by the bearer.

This authorization is executed with full knowledge and understanding that:

1. Records and information disclosed shall be for official employment evaluation use by the Town of Surfside and are used as selection criterion ONLY where related to performance of the job for which I have applied.
2. The Town of Surfside will take measures to protect the aforementioned information and records against unauthorized disclosure.
3. Certain non-exempt portions of the background investigation process and medical and mental health evaluations may be made available for inspection by third parties pursuant to the public records and other laws.

I hereby RELEASE the custodian of such records, including the *Town of Surfside* and aforementioned persons, corporations, agencies, associations, institutions, organizations, and their employees, agents, and representatives, both individually and collectively from any liability for damages by me, my heirs, family, or associates resulting from lawful compliance, or any attempts at lawful compliance with this Authorization and Release, except for any damages resulting from knowingly providing false or misleading information or records about me.

Signature of Applicant

Date

STATE OF FLORIDA,

COUNTY OF MIAMI-DADE

Subscribed and sworn before me this _____ day of _____, 20 _____

by _____
(Name of Applicant)

Personally Known ____ or Produced Identification ____

Type of Identification

Notary Public

Notary Public, Print Name

My Commission Expires: _____

PART I - ACKNOWLEDGEMENT - SWORN

TO BE COMPLETED ONLY BY POLICE OFFICER AND POLICE OFFICER TRAINEE APPLICANTS.

This is to acknowledge that I have been advised that in the event my employment is terminated on my own initiative within a period of one (1) year from the start of my employment with the Surfside Police Department, that:

In accordance with Florida Statute 943.16, the Town can institute a civil action to collect tuition costs for having sent me to an approved police recruit training facility, if not reimbursed.

and/or:

The Town can institute civil action to collect other expenditures incurred on my behalf during a period of one (1) year from the start of my employment with the Surfside Police Department, if not reimbursed.

Applicant (Print Name)

Witness (Print Name)

Applicant Signature

Witness Signature

* * * * *

PART ONE - ATTESTATION OF NON MILITARY SERVICE

I, _____, attest that I have never been a member of the Military Forces of the United States of America and therefore have no records of military service on file.

SIGNATURE OF APPLICANT

Applicant Print Name

STATE OF FLORIDA,

COUNTY OF MIAMI-DADE

Sworn to and subscribed to before me this ____ day of _____, 19 __,

by Affiant, _____, Personally Known to me ____ or Produced Identification ____ (Check One).

Identification produced: _____.

Notary Public

Notary Public (Print Name)

My Commission Expires: _____.

AFFIDAVIT FOR CERTIFICATION

SPECIAL INSTRUCTIONS

If you have expunged or Court sealed records, read this Section before turning the page to complete the Affidavit.

Florida Statute 943.0585 (4a) Criminal History record expunction or sealing:

The Statute under Section 943.0585 (4a) states in part, "When all criminal history records, except for records retained under seal by the courts or the Department of Law Enforcement, have been expunged, the subject of such records may lawfully deny or fail to acknowledge the events covered under expunged or sealed records, except in the following circumstances:

1. When the person who is the subject of the record is a candidate for employment with a criminal justice agency."

This exception requires by law that you as an applicant for employment with a criminal justice agency (such as the Surfside Police Department) may NOT lawfully deny or fail to acknowledge the events in any expunged or sealed records.

Having read the above, and understanding the same, I sign my name below.

Print Name

Witness Print

Signature

Witness Signature

Date

Date

ADDITIONAL WORK SHEET
(DO NOT REMOVE SHEETS FROM BOOKLET)
(List Section #, Page #, and Line #)

(DO NOT REMOVE SHEETS FROM BOOKLET)

(List Section #, Page #, and Line #)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.